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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/854,867	<b>FILING OR 371(c) DATE</b> 05/14/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 30307-A	
<b>APPLICANTS</b> Joan H. M. Knoll, Overland Park, KS; Peter K. Rogan, Overland Park, KS;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/573,080 05/16/2000 PAT 6,828,097					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/02/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> HOVEY WILLIAMS, LLP Suite 400 2405 Grand Boulevard Kansas City ,MO 64108					
<b>TITLE</b> CHROMOSOME STRUCTURAL ABNORMALITY LOCALIZATION WITH SINGLE COPY PROBES					
<b>FILING FEE RECEIVED</b> 845	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		